2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J64148

Address:

City-St-Zip:

510 S GREENFIELD

WAUKEHSA, WI 53186

Entity Name: N. J. H. ASSOCIATES, INC.

FILED Apr 30, 2003 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	HARRIS COMO DR P MO, FL 32157	OB 126			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	HARRIS COMO DR P MO, FL 32157	OB 126			
FEI Number:	: 52-1523778	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
P.O. BOX LAKE COM	MO, FL 32157 named entity e of Florida. RE:	submits this statement for the p		d office or registered agent, or both,	
	Electroi	nic Signature of Registered Ag	ent	Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HARRIS, EVA	536 LAKE COMO DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARRIS, N. JA	536 LAKE COMO DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (STEELMAN, D) Delete EBORAH H	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: N. JAY HARRIS D 04/30/2003